DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Compliance Statement
Licensed Day Camps for Children

TO FILE A COMPLAINT, CALL: (608) 422-6765

Use of Form Completion of this form meets the requirements of ch. 48, Wis. Stats., and provides the licensee with a summary of the results of the licensing visit.

Instructions - Licensing Specialist When no violations are observed during a visit, check the sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, and subdivisions that were completed.

Instructions - Licensee Post the Compliance Statement near the license in accordance with s.48.657, Wis. Stats. Please take a few minutes to complete the DCF customer satisfaction survey and tell us about your visit experience. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. Follow this link to provide your feedback: https://www.surveymonkey.com/r/LicenseFeedback. If you don't have Internet access, contact your licensing office for a paper version of the survey.

Day Camp Name	Day Camp Address (Street, City, State, Zip Code)	Telephone Number	Facility ID
Madison's B.E.S.T. Summer Camp	502 S High Point RD Madison, WI 537194947	(608) 273-4111	2001744

NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS LICENSING VISIT.

The following checked items indicate the sections and / or partial sections of the administrative code that were monitored on this visit.

☑	**Non-Discr, Confidentiality & Reporting Child Abuse**	☐	**Pets and Other Animals**
☑	**Transportation**	☑	**Operational Requirements**
☑	**Personnel**	☐	**Supervision and Grouping of Children**
☑	**Base Camp and Facilities**	☑	**Program**

Licensing Specialist Name	Visit Date	Issue Date
Robert Mccoy	10/27/2025	11/11/2025